

BEST AVAILABLE COPY*This sheet is not part of and does not count as a sheet of the international application.***PCT****FEES CALCULATION SHEET**
Annex to the Request

For receiving Office use only

International Application No. _____

Date stamp of the receiving Office _____

Applicant's or agent's
file reference

CG/PHM/8115921

Applicant

LAW SENG TECK

CALCULATION OF PRESCRIBED FEES1. TRANSMITTAL FEE S\$150 T2. SEARCH FEE S\$310 SInternational search to be carried out by AT*(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)*

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 25
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }[i1] first 30 sheets S\$1785 [i1]

[i2] -- number of sheets in excess of 30 x -- fee per sheet = -- [i2]

[i3] additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x -- fee per sheet = -- [i3]

Add amounts entered at i1, i2 and i3 and enter total at I S\$1785 [I]*(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)*4. FEE FOR PRIORITY DOCUMENT (if applicable) -- [P]5. TOTAL FEES PAYABLE S\$2245

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

MODE OF PAYMENT

authorization to charge
deposit account (see below)
 cheque

postal money order
 bank draft

cash
 revenue stamps

coupons
 other (specify): GIRO

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT*(This mode of payment may not be available at all receiving Offices)*

Receiving Office: RO/ _____

 Authorization to charge the total fees indicated above.

Deposit Account No.: _____

 (*This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit*) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

Date: _____

 Authorization to charge the fee for priority document.

Name: _____

Signature: _____